UNIVERSITY OF CALIFORNIA



Open Enrollment

MEDICARE RETIREES OUTSIDE CALIFORNIA

Medicare Open Enrollment for medical plans through Via Benefits:
Thursday, Oct. 15 –
Monday, Dec. 7, 2026

thegrooveviabenefits.com

UC Open Enrollment for dental, vision and legal plans:
Thursday, Oct. 29 –
Friday, Nov. 20, 2026

ucal.us/oe

Via Benefits Open Enrollment: Oct. 15 – Dec. 7, 2026

Open Enrollment is your annual opportunity to enroll in or make changes to your benefits coverage. You'll choose or change your Medicare medical coverage through Via Benefits, your dental and legal benefits through UC, and your vision plan directly with VSP.

Read all about the deadlines and your choices this year in this booklet. Changes will be effective Jan. 1, 2027.

UC contributes to your Health Reimbursement Arrangement (HRA) to help you with healthcare costs — up to $4,000 for yourself or up to a maximum of $8,000 for you and your spouse or domestic partner, subject to graduated eligibility. Via Benefits sent notification letters to current members in early October.

To estimate your HRA, visit ucal.us/medicarecoordinator or scan the QR code below.

Since you and your covered family members all have Medicare, you should understand "creditable coverage" under Medicare Part D (prescription drug) rules. Please see pages 7-9 for details.

UC'S MEDICARE COORDINATOR PROGRAM, BROUGHT TO YOU BY VIA BENEFITS

WHO'S ELIGIBLE?

You and your spouse or domestic partner can participate in UC's Medicare Coordinator Program if you both meet all requirements below:

- Are 65 or older
- Are eligible for Medicare
- Are eligible for UC retiree health benefits
- Live outside California, excluding US territories and foreign counties

To learn more about eligibility rules, visit ucal.us/medicarecoordinator.

WHAT MAKES THIS PROGRAM SPECIAL?

- **More choices:** Local plans and local provider options, including Kaiser Permanente where available
- **Budget-friendly options:** Plans to fit different financial situations
- **Flexibility:** Each family member can choose the plan that works best for them
- **Support:** Personalized assistance from Via Benefits specialists

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) FROM UC

To help you with your healthcare expenses, UC contributes to your Health Reimbursement Arrangement (HRA). Here's how it works:

WHAT YOU GET

Up to $4,000 for you **or up to a maximum of $8,000** for you and your spouse or domestic partner. Visit ucal.us/medicarecoordinator to learn more and estimate your HRA amount.

HOW TO USE IT

- Pay for Medicare premiums
- Cover other health plan premiums
- Pay for out-of-pocket medical expenses
- Unused funds roll over to next year, as long as you remain enrolled through Via Benefits

IMPORTANT TO KNOW

- UC's contribution to your HRA depends on your graduated eligibility and will be prorated if you're enrolled for less than a full year. Visit ucal.us/medicarecoordinator to estimate your HRA.
- Your 2027 HRA funds will be available starting Jan. 4, 2027. Any approved claims from prior years awaiting reimbursement will be automatically paid using the 2027 HRA funds.
- Only medical expenses you incur while you are enrolled through Via Benefits qualify for HRA reimbursement. You will no longer be eligible for an HRA if you return to a UC medical plan, and HRA funds cannot be inherited or passed on to beneficiaries.

You must stay enrolled through Via Benefits to keep your HRA.

IF YOU'RE HAPPY WITH YOUR CURRENT PLAN

You don't need to do anything! Your plan will automatically renew. Your premiums may change. We do encourage you to review your plans for any changes for 2027 and consider whether they still meet your needs.

IF YOU WANT TO MAKE CHANGES

Work with Via Benefits to:

- Compare your 2027 options, including Kaiser Permanente Senior Advantage plans if you live in a Kaiser service area
- Make any plan changes

See "Medicare plan change rules" (page 4) for rules that apply when changing from a Medicare Advantage plan to a Medigap plan, or between Medigap plans. Medical underwriting may apply.

KEEP YOUR HRA ELIGIBILITY

Do not enroll directly with an insurance company, including Kaiser. Doing so will cancel your Via Benefits enrollment, and you'll lose your HRA.

To receive your HRA contribution from UC, you should make sure to:

- Stay enrolled in your Via Benefits Medicare plan
- Continue to pay your Medicare Part B premiums to Social Security

HOW TO GET HELP AND ENROLL

Be sure to reserve an appointment early with a licensed Benefits Advisor to review your plan options and understand if medical underwriting may apply. Enroll by Dec. 7.

Get help or enroll by phone: 855-359-7381

- Monday through Friday, 5 a.m. to 4 p.m. (PT)
- Make sure to mention you're a UC retiree

Compare plans or make an appointment: thegrooveviabenefits.com/medicare-oep

Enroll online: my.viabenefits.com/uc

RETURNING TO UC MEDICAL COVERAGE

Did you suspend your UC medical coverage? You can return during this Open Enrollment period. You'll need to:

- Make sure you're eligible (see ucal.us/medicarecoordinator)

Via Benefits Open Enrollment

- Submit a UBEN 100 form to the UC Retirement Administration Service Center
- Register at my.viabenefits.com/uc to reserve an appointment with a licensed benefits advisor to review plan options

IF YOU'RE MOVING

Moving back to California? This is your chance to return to a UC medical group plan if you choose. You'll need to complete a UBEN 100 and Medicare assignment forms, and you will no longer be eligible for your HRA. Please go to ucal.us/medicarecoordinator for more information.

Moving while enrolled in Via Benefits? Contact Via Benefits to see if your plan is offered in your new location, or you'll need to make a change.

KEEP YOUR INFORMATION CURRENT

To stay informed, make sure your contact information (including your phone number, email and physical address) is up to date on your UCRAYS and Via Benefits accounts.

CONTACT INFORMATION

UC Retirement Administration Service Center
800-888-8267, Monday through Friday,
7 a.m. to 4:30 p.m. (PT)

Secure Message (Email)
Sign in to your UCRAYS account
(retirementatyourservice.ucop.edu)
and select "Messages."

Via Benefits
855-359-7381, Monday through Friday,
5 a.m. to 4 p.m. (PT), excluding holidays
my.viabenefits.com/uc
thegrooveviabenefits.com/medicare-oep

UC RETIREMENT ADMINISTRATION SERVICE CENTER FOR HEARING OR SPEECH IMPAIRED

If you are hearing or speech impaired, call 711 and provide the UC Retirement Administration Service Center telephone number, 800-888-8267, to receive assistance.

IF YOU ARE UNABLE TO COMPLETE YOUR BENEFIT CHANGES ONLINE

If you need additional information or have questions, contact Via Benefits (during the Medicare Open Enrollment for Medicare plans) or the UC Retirement Administration Service Center during UC Open Enrollment regarding your UC non-medical plans, using the contact information above.

MEDICARE PLAN CHANGE RULES

Before you choose a plan, it's important to understand the rules for making changes during the Medicare Open Enrollment Period:

- A change **from a Medicare Advantage plan to a Medigap plan, or between Medigap plans** will probably require medical underwriting. This means you or your family member could be declined or charged more for coverage based on your medical circumstances.
- A change **to a Medicare Advantage plan or between Medicare Advantage plans, or a change of Part D plans,** does not require underwriting. Your Via Benefits advisor can help you with any of these changes.

UC Open Enrollment for Dental, Vision and Legal Plans: Oct. 29 – Nov. 20, 2026

HOW TO ENROLL OR MAKE CHANGES

UC's dental, legal and vision insurance plans are open for enrollment through 5 p.m. (PT) on Friday, Nov. 20. You can enroll in pet insurance and Accidental Death and Dismemberment (AD&D) insurance at any time during the year.

HERE'S WHAT TO DO:

Dental and Legal Insurance: by Nov. 20

- Download a UBEN 100 form at ucal.us/UBEN100 or request the form from the UC Retirement Administration Service Center (800-888-8267).
- Submit the form to the UC Retirement Administration Service Center by Nov. 20, 2026.

  Fax: 800-792-5178

  Mail: UC Retirement Administration Service Center, P.O. Box 24570, Oakland, CA 94623-1570

Vision Insurance: by Nov. 20
Contact VSP at 866-240-8344 or ucretirees.vspforme.com.

AD&D Insurance: anytime
Contact Prudential directly at 855-483-1438.

Pet Insurance: anytime
Contact Nationwide at petinsurance.com/uc or by calling 877-738-7874.

UC DENTAL PLAN

UC continues to pay the full dental premium cost for retirees eligible for the full UC contribution. For retirees who do pay part of the premium, there will be an increase of 2.5% for the Dental DHMO plan and an increase of 2% for the Dental PPO plan.

UC VISION PLAN

Premiums will increase by 2.5%. For more eyewear options, Warby Parker has been added to the VSP provider network.

VISION PLAN MONTHLY COSTS

Retiree	$12.74
Retiree + Child(ren)	$24.32
Retiree + Adult	$24.11
Retiree + Family	$29.78

UC LEGAL INSURANCE

There are no changes to legal benefits or costs.

LEGAL PLAN MONTHLY COSTS

Retiree	$11.59
Retiree + Children	$13.95
Retiree + Adult	$13.95
Retiree + Family	$16.31

Important Notices

UC ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

There are no changes to the benefits coverage or premiums for 2027. You and your spouse or domestic partner can enroll for coverage at any time.

AD&D PLAN ANNUAL COSTS

Coverage Amount	Retiree	Retiree + Spouse/ Domestic Partner
$10,000	$12.98	$19.14
$25,000	$32.45	$47.85
$50,000	$64.90	$95.70
$100,000	$129.80	$191.40
$250,000*	$324.50	$478.50

*Available only if coverage as employee exceeded $250,000

NEW AUTO, HOME AND RENTER COVERAGE

California Casualty will offer exclusive rates. Beginning Dec. 1, 2026, call 888-882-7609 or visit CalCas.com/UC to learn more, request a quote, and start the application process for coverage in 2027.

The information in this booklet reflects the terms of the benefit plans in effect as of Jan. 1, 2027. Please note that this is a summary of your benefits only; additional requirements, limitations and exclusions may apply. Refer to applicable plan documents and regulations for details. The applicable plan documents and regulations and other applicable UC policies will take precedence if there is a difference between the provisions therein and those of this document.

VERIFY YOUR FAMILY MEMBERS' ELIGIBILITY TO PROTECT THEIR COVERAGE

To ensure UC's benefits resources are used wisely, anyone who enrolls new family members in their health and welfare benefit plans must provide documents to verify their family members' eligibility for coverage. UnifyHR administers the verification program for UC.

You will receive a packet of verification materials from UnifyHR in early 2027 if you enroll a new family member or members in your UC coverage during Open Enrollment. You must respond by the deadline shown on the letter to protect your family members' coverage.

Help is available if you have any questions or concerns about the process. Learn more on UCnet at ucal.us/fmv.

MEDICARE PART D

Because Medicare Part D prescription drug plans change their drug formularies, you should re-evaluate your Part D plan annually to ensure the best coverage in the new year for the drugs that you take.

For more information, members can visit thegrooveviabenefits.com and check out "Navigating Changes in Medicare Drug Plans" in the "Articles" section.

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Medicare requires individuals enrolled in Medicare plans to have "creditable coverage" for prescription drugs. The required information below explains all options available.

MEDICARE PART D CREDITABLE AND NON-CREDITABLE COVERAGE UC-SPONSORED GROUP PLANS

Plans with Creditable Coverage

Kaiser Senior Advantage (CA)

UC Medicare Choice

UC Medicare PPO

UC High Option Supplement to Medicare

HealthSavings+

Kaiser Permanente CA HMO

UC Blue & Gold HMO UC Care

Plan with Non-Creditable Coverage

UC Medicare PPO without Prescription Drugs

WHAT DOES CREDITABLE COVERAGE MEAN?

If you are Medicare-eligible and enrolled in Kaiser Senior Advantage (CA), UC Medicare Choice, UC Medicare PPO, UC High Option Supplement to Medicare, HealthSavings+, Kaiser Permanente HMO (CA), UC Blue & Gold HMO or UC Care, your prescription drug coverage is expected to pay out as much as the standard level of coverage set by the federal government under Medicare Part D. This qualifies as creditable coverage under Medicare Part D.

WHAT DOES NON-CREDITABLE COVERAGE MEAN?

If you are Medicare-eligible and enrolled in UC Medicare PPO without Prescription Drugs, the plan is NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage.

You can keep your current coverage from UC Medicare PPO Plan without Prescription Drugs. However, because this coverage is non-creditable, you must have and maintain creditable prescription drug coverage from another, non-UC source. UC may ask you to verify your enrollment.

By enrolling in a non-UC prescription drug plan, you will receive help with your drug costs, as there is no prescription drug coverage under the UC Medicare PPO without Prescription Drugs plan. If you do not enroll in a Medicare drug plan when you are first eligible, you may pay a higher premium (a penalty) for a Medicare drug plan. When you make your decision about whether to choose the UC Medicare PPO without Prescription Drugs plan, you should take into account this plan's coverage, which does not include prescription drugs, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

VIA BENEFITS (ADMINISTRATOR FOR THE MEDICARE COORDINATOR PROGRAM FOR RETIREES OUTSIDE CALIFORNIA)

Plans obtained through Via Benefits are individual plans, and the plans vary in offering creditable coverage and non-creditable coverage for Medicare Part D. For more information about the type of coverage offered by your plan, visit my.viabenefits.com/uc.

Important Notices

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

If, in the future, you or a Medicare-eligible dependent terminate(s) or lose(s) Medicare Part D coverage and you go without coverage, you may be assessed a penalty. UC's evidence of creditable coverage will prevent you from incurring penalties charged by the federal government for late enrollment in Medicare Part D for up to 63 days if you decide to re-enroll in a Medicare Part D plan.

You must enroll in Medicare Part D no more than 63 days after you or a Medicare-eligible dependent are eligible for Medicare Part D. In addition, if your Medicare Part D is terminated for any reason, you must re-enroll in a Medicare Part D plan within 63 days of the termination.

In either scenario, anyone who fails to act within that time period will incur a late enrollment penalty of at least 1% per month for each month after May 15, 2006, that the person did not have creditable coverage or enrollment in Part D.

For example, if 23 months passed between the time a person terminated creditable coverage with UC and that person's enrollment in Medicare Part D, that person's Medicare Part D premium would always be at least 23% higher than what most other people pay. That person might also be required to pay a non-Medicare premium until UC can obtain Medicare approval of your Part D re-enrollment or wait until the following October, when the federal government conducts Open Enrollment for Medicare, in order to sign up for Medicare Part D prescription coverage.

If a person loses creditable prescription drug coverage through no fault of their own, that person may also be eligible for a Special Enrollment Period (SEP) to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

If you are eligible for UC-sponsored coverage, you can join a UC Medicare drug plan during a period of initial eligibility, UC's annual Open Enrollment period each fall, or mid-year if you lose other creditable coverage. If you are interested in non-UC insurance and are eligible for Medicare, you can join a non-UC Medicare drug plan each year from Oct. 15 to Dec. 7.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A NON-UC COMMERCIALLY AVAILABLE MEDICARE DRUG PLAN?

Each plan handles your decision to join a Medicare drug plan differently. UC offers one plan, the UC Medicare PPO without Prescription Drugs plan, that allows you to keep your current UC medical coverage and coordinate with Medicare for a non-UC drug plan. UC's other plans do not. Before you make a change, contact the UC Retirement Administration Service Center at 800-888-8267 to get information on how your current plan coverage will be affected by your decision to join a commercially available Medicare drug plan. More information about Medicare plans through UC can be found in the UC Medicare Fact Sheet (ucnet.universityofcalifornia.edu/forms/pdf/medicare-factsheet.pdf).

Detailed information about non-UC commercially available Medicare Part D plans can be found in the "Medicare & You" handbook. You'll get a copy of this handbook in the mail every year from Medicare. For more information about Medicare prescription drug coverage, visit www.medicare.gov.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their

telephone number) for personalized help, or call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit the Social Security Administration on the web at socialsecurity.gov, or call 800-772-1213 (TTY 800-325-0778).

MORE INFORMATION

For more information about this notice or your current prescription drug coverage, contact the UC Retirement Administration Service Center at 800-888-8267. You may also find coverage details on UCnet at ucnet.universityofcalifornia.edu/retirees/retiree-benefits/.

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996) NOTIFICATION FOR DENTAL AND VISION ELIGIBILITY

If you are declining enrollment for yourself or your eligible family members because of other insurance or group medical plan coverage, you may be able to enroll yourself and your eligible family members* in a UC-sponsored plan if you or your family members lose eligibility for that other coverage (or if the employer stops contributing toward the other coverage for you or your family members). You must request enrollment within 31 days after your or your family member's other coverage ends (or after the employer stops contributing toward the other coverage).

In addition if you have a newly eligible family member as a result of a marriage or domestic partnership, birth, adoption, or placement for adoption, you may be eligible to enroll your newly eligible family member. You must request enrollment within 31 days after the marriage or partnership, birth, adoption or placement for adoption.

If you decline enrollment for yourself or for an eligible family member because of coverage under Medicaid (in California, Medi-Cal) or under a state children's health insurance program (CHIP), you may be able to enroll yourself and your eligible family members in a UC-sponsored plan if you or your family members lose eligibility for that coverage. You must request enrollment within 60 days after your coverage or your family members' coverage ends under Medicaid or CHIP.

Also, if you are eligible for coverage from UC but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage. For details, contact the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services at cms.gov or 877-267-2323.

IF YOU DO NOT ENROLL YOURSELF AND/ OR YOUR FAMILY MEMBER(S) IN COVERAGE WITHIN THE 31 DAYS WHEN FIRST ELIGIBLE, WITHIN THE SPECIAL ENROLLMENT PERIOD DESCRIBED ABOVE OR WITHIN AN OPEN ENROLLMENT PERIOD, YOU MAY BE ELIGIBLE TO ENROLL AT A LATER DATE. However, even if eligible, each affected individual will need to complete a waiting period of 90 consecutive calendar days before UC medical coverage becomes effective and employee premiums may need to be paid on an after-tax basis (retiree premiums are always paid after tax). The 90-day waiting period does not apply to those eligible for the Medicare Coordinator Program. Otherwise, you/they can enroll during the next Open Enrollment Period.

* To be eligible for plan membership, you and your family members must meet all UC employee or retiree enrollment and eligibility requirements. As a condition of coverage, all plan members are subject to eligibility verification by the university and/or insurance carriers, as described in the participation terms and conditions.

Important Notices

To request special enrollment or obtain more information, retirees should call the UC Retirement Administration Service Center (800-888-8267).

Note: If you are enrolled in a UC medical plan you may be able to change medical plans if you acquire a newly eligible family member or if your eligible family member loses other coverage. In either case, you must request enrollment within 31 days of the occurrence.

In addition to the special enrollment rights you have under HIPAA, the University's Group Insurance Regulations (GIRs) permit you to change medical plans under certain other conditions. See UC GIRs for additional detail, available at ucnet.universityofcalifornia.edu.

UNIVERSITY OF CALIFORNIA HEALTHCARE PLAN NOTICE OF PRIVACY PRACTICES — SELF-FUNDED PLANS

The University of California offers various healthcare options to its employees and retirees, and their eligible family members, through the UC Healthcare Plan. Several options are self-funded group health plans for which the university acts as its own insurer and provides funding to pay the claims; these options are referred to as the "Self-Funded Plans." The Privacy Rule of the federal Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, requires the Self-Funded Plans to make a Notice of Privacy Practices available to plan members. The University of California Healthcare Plan Notice of Privacy Practices — Self-Funded Plans (Notice) describes the uses and disclosure of protected health information, members' rights and the Self-Funded Plans' responsibilities with respect to protected health information.

UC's Self-Funded Plans for 2027 include: Delta Dental PPO, HealthSavings+, UC Care, UC High Option Supplement to Medicare, UC Medicare PPO and UC Medicare PPO without Prescription Drugs.

A copy of the updated Notice is posted on the UCnet website at ucal.us/hipaa or you may obtain a paper copy of this Notice by emailing privacy@ucop.edu. The Notice was updated to reflect the current healthcare plan options effective Jan. 1, 2027.

If you have questions, or for further information regarding this privacy Notice, contact the UC Healthcare Plan HIPAA Privacy Officer at privacy@ucop.edu.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 877-696-6775, or visiting hhs.gov/ocr/privacy/hipaa/complaints.

You will not be retaliated against for filing a complaint.

Terms and Conditions

PARTICIPATION TERMS AND CONDITIONS

Your Social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity and for legally required reporting purposes all in compliance with federal and state laws.

If you are confirmed as eligible for participation in UC-sponsored plans, you are subject to the following terms and conditions:

ARBITRATION

With the exception of benefits provided or administered by Optum Behavioral Health and UC Medicare Choice, UC-sponsored medical plans require resolution of disputes through arbitration.

This arbitration agreement applies to the following plans:

HealthSavings+

UC Blue & Gold HMO

UC Care

UC High Option Supplement to Medicare

UC Medicare PPO

UC Medicare PPO without Prescription Drugs

By providing your written or electronic signature, it is understood and you agree that any dispute as to medical malpractice — that is, as to whether any medical services rendered under the contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered — will be determined by submission to arbitration as provided by California law and not by a lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Both parties to the contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.

Terms and Conditions

This arbitration agreement applies to ONLY the Kaiser Foundation Health Plan in California.

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted healthcare providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

Note: If you do not accept the arbitration agreement above, you will not be able to enroll in the Kaiser Health Plan.

ADDITIONAL TERMS AND CONDITIONS APPLICABLE TO ALL PLANS

Except where specifically noted below, the following terms and conditions apply to the health and welfare benefit plans provided to benefits-eligible employees, retirees and family members, including medical, dental, vision, life, disability, accident, critical illness, hospital indemnity, accidental death and dismemberment, flexible spending accounts, health savings accounts, identity theft protection, legal, pet, family care resources and adoption assistance plans.

1. By making an election with your written or electronic signature you are authorizing UC to take deductions from your earnings (employees)/monthly Retirement Plan income (retirees)/designated bank account (direct payment retirees) to cover your contributions toward the monthly costs (if any) for the plans you have chosen for yourself and your eligible family members. You are also authorizing UC to transmit your enrollment demographic data to the plans and associated service vendors in which you are enrolled.
2. You are responsible for payment of any uncollected plan premiums that remain due and outstanding for any reason, including, but not limited to, changes in eligibility, retroactive, late, and other enrollment changes resulting in a change in plan premiums, insufficient bank funds or paycheck payment from which plan premiums were to be deducted, missed premium payments, or failure to make direct payments. Any unpaid plan premiums that remain due and outstanding may be recovered by UC, on behalf of the plan or for itself, to the extent permitted by law. Upon separation from employment or your death while employed by UC, you authorize UC to deduct uncollected plan premiums from your final paycheck or other benefit payments for which you or your dependent are eligible and owe.

3. You are responsible for the repayment of any plan premiums paid by UC on the Member's behalf resulting in the overpayment of plan premiums for any reason, including, but not limited to, changes in eligibility, retroactive disenrollment, other enrollment changes resulting in changes to plan premiums Any overpaid plan premiums that remain outstanding may be recovered by UC, on behalf of the plan or for itself, to the extent permitted by law. Upon separation from employment or death while employed by UC, overpaid plan premiums that remain outstanding may be recovered and deducted from your final paycheck or other benefit payments for which you or your dependent are eligible and owe.
4. You are subject to all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and the University of California Group Insurance Regulations.
5. By enrolling individuals as your family members you are certifying that those individuals are eligible for coverage based on the definitions and rules specified in the University of California Group Insurance Regulations and described in UC health and welfare plan eligibility publications. You are also certifying under penalty of perjury that all the information you provide regarding the individuals you enroll is true to the best of your knowledge.
6. If you enroll individuals as your family members you must provide, upon request, documentation verifying that those individuals are eligible for coverage. The carrier may also require documentation verifying eligibility. Verification documentation includes, but is not limited to, marriage or birth certificates, domestic partner verification, adoption papers, tax records and the like.
7. If your enrolled family member loses eligibility for UC-sponsored coverage (for example because of divorce or loss of eligible child status) you must notify UC by de-enrolling that individual. If you wish to make a permitted change in your health or flexible spending account coverage you must notify UC within 31 days of the eligibility loss event; for purposes of COBRA, eligibility loss notice must be provided to UC within 60 days of the family member's loss of coverage. However, regardless of the timing of notice to UC, coverage for the ineligible family member will end on the last day of the month in which the eligibility loss event occurs (subject to any continued coverage option available and elected). Failure to give notice could result in de-enrollment of the family member from UC-sponsored coverage, either prospectively or retroactively, which, in turn, could result in an adjustment of premiums owed to UC.
8. Making false statements about satisfying eligibility criteria, failing to timely notify UC of a family member's loss of eligibility, or failing to provide verification documentation when requested may lead to de-enrollment of the affected individuals. Employees/retirees may also be subject to disciplinary action and de-enrollment from health benefits and may be responsible for any cost of benefits provided and UC-paid premiums due to misuse of plan.
9. Under current state and federal tax laws, the value of the contribution UC makes toward the cost of health coverage provided to domestic partners and certain other family members who are not "your dependents" under state and federal tax rules may be considered imputed income that will be subject to income taxes, FICA (Social Security and Medicare), and any other required payroll taxes. (Coverage provided to California registered domestic

Terms and Conditions

partners is not subject to imputed income for California state tax purposes.)

10. If you specifically ask UC representatives to intercede on your behalf with your insurance plan, University representatives will request the minimum health information required to assist you with your problem. If more health information is needed to solve your problem, in compliance with state and federal privacy laws, you may be required to sign an authorization allowing UC to provide the health plan with relevant health information or authorizing the health plan to release such information to the UC representative.
11. Provided all electronic and form transactions have been completed properly and submitted timely actions you take during Open Enrollment will be effective the following January 1 unless otherwise stated.
12. By enrolling in the Life, Accidental Death & Dismemberment, Critical Illness, Hospital Indemnity or Accident plans you acknowledge that you have read and agree to the below Product Disclosures and/or Disclaimers, that you understand the terms and requirements of the fraud warnings included as part of the disclaimers, and you declare that all information given is true and complete to the best of your knowledge and belief.

Life Insurance Product Disclosure
https://prudential.scene7.com/is/content/prudential/ElectronicEnrollmentDisclosures_Life

Accidental Death & Dismemberment Disclosure
https://prudential.scene7.com/is/content/prudential/ElectronicEnrollmentDisclosures_ADD

Hospital Indemnity Product Disclaimers
https://gi.prudential.com/groupinsurance/forms/Disclaimers/HIP_DISCLAIMERS.pdf

Accident Product Disclaimers
https://gi.prudential.com/groupinsurance/forms/Disclaimers/ACCIDENT_DISCLAIMERS.pdf

Critical Illness Product Disclaimers
https://gi.prudential.com/groupinsurance/forms/Disclaimers/CRITICAL_ILLNESS_DISCLAIMERS.pdf

By authority of the Regents, University of California Human Resources located in Oakland administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits — particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however the benefits of all employees, retirees and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from

the ones described here. For more information, employees should contact their Human Resources Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

In conformance with applicable law and University policy, the University is an equal opportunity employer. Please send inquiries regarding the University's equal opportunity policies for staff to the Office of Systemwide Employee Relations, University of California, Office of the President, 1111 Franklin Street, CA 94607, and for faculty to the Office of Systemwide Academic Personnel, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from its Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid (Medi-Cal in California) or CHIP office or visit insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for a UC-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under UC's plan, UC will permit you to enroll in UC's plan if you are not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in California, you can contact the California Department of Health Care Services for further information on eligibility at: https://www.dhcs.ca.gov/medi-cal/ or hipp@dhcs.ca.gov.

If you live outside of California, see dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf for a list of states that currently provide premium assistance. The list is effective as of July 31, 2026, and includes contact information for each state listed. To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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